



Office use only:  
Parent packet \_\_\_\_\_  
Staff initials \_\_\_\_\_  
Parent initials \_\_\_\_\_  
Date \_\_\_\_\_

## 2009 ADAPTIVE SUMMER DAY CAMP PARTICIPANT INFORMATION FORM

\_\_\_\_ SUMMER FUN YOUTH ADVENTURES (Ages 4-12)

\_\_\_\_ SIZZLING SUMMER TEEN (Ages 13-21)

### I. Personal Information:

Child Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ M/F: \_\_\_\_\_ Age: \_\_\_\_\_  
Child Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Grade when school starts: \_\_\_\_\_  
School Child Attends: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_  
Mother/Guardian's Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_  
Father's/Guardian's Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Emergency Contact- *Someone to contact in case of emergency if parents can not be reached*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Persons authorized to pick up my child:

\*\*\*Child will not be released to any person except those listed below and parents\*\*\*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_ Drivers' License: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_ Drivers' License: \_\_\_\_\_

## II. Disability Information:

Place a check to each that applies to the participant and or write in any disabling condition not listed

<input type="checkbox"/> Autism	<input type="checkbox"/> Attention Deficit Disorder	<input type="checkbox"/> Hearing Impaired
<input type="checkbox"/> Down Syndrome	<input type="checkbox"/> Psychiatric Disability	<input type="checkbox"/> Vision Impaired
<input type="checkbox"/> Severe Mental Retardation	<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Speech Impaired
<input type="checkbox"/> Moderate Mental Retardation	<input type="checkbox"/> Spina Bifida	<input type="checkbox"/> Other
<input type="checkbox"/> Mild Mental Retardation	<input type="checkbox"/> Head Injury	_____
<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Behavior Disorder	_____

Does the Participant walk independently? ☐ Yes ☐ No If No please identify any mobility devices used or assistance needed (wheelchair, walker, etc). \_\_\_\_\_

Does the participant have seizures? ☐ Yes ☐ No If YES please indicate type \_\_\_\_\_

Medications Taken (type, time, dosage, purpose): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies ((include food/medications/other), activity restrictions, special diets or other medical concerns: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## III. Skill Assessment:

Please check each statement that applies to the participant.

Please use the comment section to identify additional skills needed and or areas of difficulty.

### Eating/Drink:

<input type="checkbox"/> Drinks from a cup	<input type="checkbox"/> Able to use straw
<input type="checkbox"/> Able to grasp	<input type="checkbox"/> Able to unwrap/open containers

### Communication:

<input type="checkbox"/> Unable to communicate needs and wants	<input type="checkbox"/> Uses one or two word statements
<input type="checkbox"/> Communicates with gestures, signs, non-verbals	<input type="checkbox"/> Uses communication device
<input type="checkbox"/> Communicates using basis sign	<input type="checkbox"/> Complete verbal communication

### Receptive Language:

<input type="checkbox"/> Recognizes own name when called	<input type="checkbox"/> Responds to 2-3 step directions
<input type="checkbox"/> Reacts when spoken to	<input type="checkbox"/> Responds to directions within a small group
<input type="checkbox"/> Responds to one-step directions	<input type="checkbox"/> Responds to directions within large group

**Social Behavior/Personality:**

<input type="checkbox"/> Shows interest in others	<input type="checkbox"/> Will sit quietly to watch a program
<input type="checkbox"/> Will play/interact with others	<input type="checkbox"/> Can identify and take responsibly for personal belongings
<input type="checkbox"/> Is tolerant of others, not easily agitated or annoyed	<input type="checkbox"/> Will play/interact cooperatively within a group
<input type="checkbox"/> Shy	<input type="checkbox"/> Aggressive
<input type="checkbox"/> Friendly	<input type="checkbox"/> Other _____

**Toileting:**

<input type="checkbox"/> Wears Diaper	<input type="checkbox"/> Indicates need to use the restroom
<input type="checkbox"/> Uses toilet with physical assistance	<input type="checkbox"/> Uses toilet independently
<input type="checkbox"/> Washes hands independently	

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please identify any activities, games, hobbies that the participant enjoys: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please explain any behavioral management techniques used at home or school which eliminate or reduce negative behaviors: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IV. Previous Incident Information: (e.g. incidents in school, home, etc that we could prevent at camp):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MEDICAL INFORMATION:** In the event of an emergency and a parent/ guardian is not available, your designated physician, hospital or clinic will be contacted for emergency management/transportation.

Parents have the obligation to disclose significant, medical, physical or behavioral issues at the time of the child's registration and on an ongoing basis. Due to the large group format of our program, we are unable to provide one-to-one care for any child except on an intermittent basis, such as injuries, immediate disciplinary issues and certain personal care needs customarily provided to other children. List any special problems that your child may have, such as physical limitations, emotional or behavioral issues, allergies, existing illness, previous serious illness, injuries during the past 12 months, any medication prescribed for long-term continuous use, and any other information that the staff should be aware: \_\_\_\_\_

Treatment to be given: \_\_\_\_\_

\_\_\_\_\_

## V. Parent's/Guardian Acknowledgements

- **Permission for Transportation:** I grant Adaptive camp staff to transport my child to and from the camp site for field trips and other planned events. I understand that reasonable precautions will be taken to insure the safety and health of my child.
- **Medical Waiver:** In the event that my child requires emergency medical treatment and I cannot be reached, I hereby authorize the Adaptive Camp staff make arrangements to transport my child to the nearest hospital/emergency medical facility and secure any and all necessary medical care for my child. I give consent for necessary emergency treatment when my child is in the care of my designated physician, hospital or clinic.
- **Waiver:** I waive liability of personal harm arising out of my participation in PARD programs and accept responsibility for it.
- **Waiver for Photo Release:** I give my consent for any photos taken of my child involved in PARD programs to be used for PARD promotions or display.
- **Refund/Cancellation Policy:** Refunds requested 14 calendar days or more from the event start date will receive a 100% refund less a \$25 administrative fee. Program refunds requested 14 calendar days less from the start date will forfeit all fees. All withdraws must be submitted in writing.

Parent/Guardian

Signature: \_\_\_\_\_

Date: \_\_\_\_\_